

was noticed that the patients who suffered from threadworms were either children or pregnant women in both of whom the diet was a low-protein high-carbohydrate one as compared with that of the general population. These patients were therefore treated by altering the diet so as to decrease the carbohydrate and starch and increase the protein and fat. Sugar was eliminated as far as possible, starchy foods were reduced, and meat, fish, eggs, and butter were given in increased amounts. For example, the usual breakfast of cereal and sugar, bread and jam, was replaced by one of bacon and egg with bread fried in fat. The amount of milk was not changed. A mild laxative was used once or twice a week but was later given up as unnecessary. The results were consistently and entirely satisfactory, complete cure being achieved in about two weeks, and relapses did not occur while the patient was on this adult type of diet. During twenty years of busy general practice I treated a great number of patients with threadworms by this method with unvarying success, and I am convinced that dietary measures are simpler, more efficacious, and preferable to treatment by vermifuges and enemata.

Confirmatory evidence of the link between diet and threadworms will be provided by older obstetricians, who will remember the prevalence of this infection in those pregnant women who avoided protein because of its supposed injurious effect on their kidneys compared with its absence since the modern high-protein low-carbohydrate diet has been adopted. Some explanation is required to account for threadworms being predominantly a disease of childhood, for surely everyone is equally liable to infection. From my experience it would seem that the presence and persistence of threadworms in a patient depend on the chemistry of the bowel contents which makes the environment favourable for their growth, and that this is to a great extent dependent on the diet.

I should be interested to learn if threadworm infection is more prevalent in Great Britain since the reduction in the consumption of meat, or has this been replaced by adequate protein from other sources?—I am, etc.,

Melbourne, Australia.

IVON HAYES.

The British X-ray and Radium Protection Committee Valedictory

SIR,—A disturbing series of deaths amongst early workers with x rays led a small group of their surviving colleagues in 1921 to formulate some rules which would prevent a continuance of such casualties. Thus was born the British X-ray and Radium Protection Committee. The late Sir Humphry Rolleston consented to become its first chairman. Under him, and largely financed by him, the first memorandum was issued in July of that year and the first detailed report followed in 1923. The code was welcomed by all classes of radiological workers and formed the basis for similar recommendations in most countries of the world and for subsequent international recommendations.

Towards the end of the war the Medical Research Council set up a Committee on the Medical and Biological Applications of Nuclear Physics. Its subcommittees, and particularly the Tolerance Doses Panel, under the chairmanship of Professor Mayneord, produced a large series of papers dealing with the fundamental data upon which protection measures for all those dealing with sources of ionizing radiations could be formulated. With the passing of the Radioactive Substances Act, a statutory committee came into existence. Whilst the Medical Research Council groups are concerned with the research aspects, the statutory committee has a duty in respect of regulations and licences, and is concerned with codes of practice over the whole extensive field now to be covered. In these circumstances the British X-ray and Radium Protection Committee, which, despite its lack of any statutory authority, had attained international status, had lost its *raison d'être*. A final meeting was held in September, 1952.

The passing of a committee through which Great Britain set a pattern for the world would seem to be a landmark that deserves record. At the suggestion of its last chairman, this letter is signed by the two surviving members of the 1921 meeting.—We are, etc.,

CUTHBERT ANDREWS.
SIDNEY RUSS.

London.

Obituary

HAROLD BALME, O.B.E., M.D., F.R.C.S.

Dr. Harold Balme, who died in London on February 13 at the age of 74, contrived, with conspicuous success, to live a life full of interest to himself and of great benefit to his fellow men. Towards the end of his professional life he became a leading authority on rehabilitation.

Harold Balme was born in London on May 28, 1878, the son of Mr. Paul Balme, and received his medical education at King's College and King's College Hospital. He won the Worsley scholarship in 1898, and in the course of his studies he won the Warneford, Leathes, and Todd prizes in medicine. As his aim was to become a medical missionary, he also studied divinity and won the Barry Prize. The outbreak of war in South Africa in 1899, however, upset his plans temporarily, for, like many others of his generation, he responded to the call for volunteers, and from 1900 he served with the Imperial Yeomanry Field Hospital, being awarded the war medal with three clasps. After the war he returned to London, and qualified by taking the M.R.C.S., L.R.C.P. in 1903. He then held the posts of resident medical officer at the London Medical Mission and clinical assistant at the Royal Eye Hospital and at King's College Hospital, and in 1905 he obtained the F.R.C.S. In the following year he went to China as a medical missionary at Taiyuanfu, in the Shansi province. In 1913 he was appointed professor of surgery in Cheeloo University (formerly known as the Shantung Christian University) at Tsinan and superintendent of the University Hospital, later becoming dean of the medical school. He became president of the University in 1921 and chairman of the first Council on Medical Education in China and president of the Council on Higher Education. His services to the profession in China were recognized by his election as an honorary member of the National Medical Association of China. He was elected also an Associate of King's College. A record of his experiences and his work is to be found in his book, *China and Modern Medicine: A Study in Medical Missionary Development*. Dr. Balme relinquished his appointment as president of the Cheeloo University in 1927 and returned to England to engage in consultant practice. In the following year he graduated M.D. at Durham University.

During the last war he worked in the Emergency Medical Service and became medical superintendent first of the Haymeads Hospital at Bishop's Stortford and later at Pinderfields Hospital, Wakefield. Before the war there was very little in the way of an organized service to help the disabled return to work, and of course as the war went on the need for such a scheme grew greater. Balme became one of the first to work in this field, and his services were recognized by his appointment as O.B.E. in 1942. Later on during the war he became the Ministry of Health's adviser on rehabilitation, and he brought to that task the same enthusiasm and energy he displayed in everything else he undertook. In 1944 he wrote a booklet for the British Council entitled *The Unfit Made Fit*. After the war he became consultant adviser on rehabilitation to the United Nations, the World Health Organization, and the United Nations International Children's Emergency Fund, work which took him to many European countries. Last September he was in Sweden directing the group training course